



TOWN OF SEEKONK BOARD OF HEALTH

Dear Temporary Food Establishment Operator:

The Board of Health has been informed that you intend to operate a temporary food establishment in the Town of Seekonk on _____. A temporary food establishment is defined as a food establishment that operates for a period of time of not more than 14 consecutive days in conjunction with a single event or celebration. Temporary food establishments are licensed and inspected by the local boards of health in accordance with Massachusetts Regulation 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments – Chapter X and the federal 1999 Food Code.

Enclosed is a Temporary Food Service Permit Application, which must be completed and returned to the Board of Health 30 days prior to the event. A pre-operational inspection will be conducted on _____ between the hours of _____. All equipment must be in working order. Failure to correct violations noted during the pre-operational and routine inspections may result in suspension of operations.

Also enclosed is an “Are you Ready” Check List and a “Food Safety at Temporary Events” pamphlet which outline operational requirements and food safety information for temporary food establishment operators. Please review these materials carefully and share them with anyone else who will be preparing and serving food with you. To obtain a copy of the 105 CMR 590.000 and the federal 1999 Food Code, which contains specific provisions, contact the State House Bookstore at (617) 727-2834 or go to the MA Retail Food Safety Information web site at www.mass.gov/dph/fpp/retail.

Please contact us if you have any questions or need assistance with completing your application at 508-336-2951.

Sincerely,

Board of Health

*100 Peck Street
Seekonk, MA 02771*



TOWN OF SEEKONK BOARD OF HEALTH

FEE: \$50.00

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Name of Establishment Operator Contact Telephone

Name of Event/Location Date(s) of event Hours of Operation

Operator Mailing Address

Email Address:

1. Before completing this application, read Food Safety at Temporary Events and the temporary food service "Are you Ready?" Checklist.
Have you read this material? ___ YES ___ NO

2. Menu: Attach or list all items. Any changes must be submitted and approved by the Board of Health at least 7 days prior to the event.

3. Will all foods be prepared at the temporary food service booth?

___ YES Fill out **Section B** below

___ NO 1. Attach a copy of the food permit and agreement
 both agreement for use of another approved kitchen
 giving dates & times.

2. Fill out
Sections A
B below..

List each potentially hazardous food item, and for each item check with preparation procedure will occur.

SECTION A: at the approved kitchen:

FOOD	THAW	CUT/ ASSEMBLE	COOK	COOL	COLD HOLDING	REHEAT	HOT HOLDING	PORTION PACKAGE

*100 Peck Street
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-OVER-

SECTION B: at the booth:

FOOD	THAW	CUT/ ASSEMBLE	COOK	COOL	COLD HOLDING	REHEAT	HOT HOLDING	PORTION PACKAGE

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

Food source(s): _____

Source and storage of water/ice: _____

Storage and disposal of waste water: _____

Storage and disposal of garbage: _____

On the back of this page, draw a sketch of the booth:

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishment – Chapter X., federal 1999 Food Code and the above described establishment will be operated and maintained in accordance with the regulations.

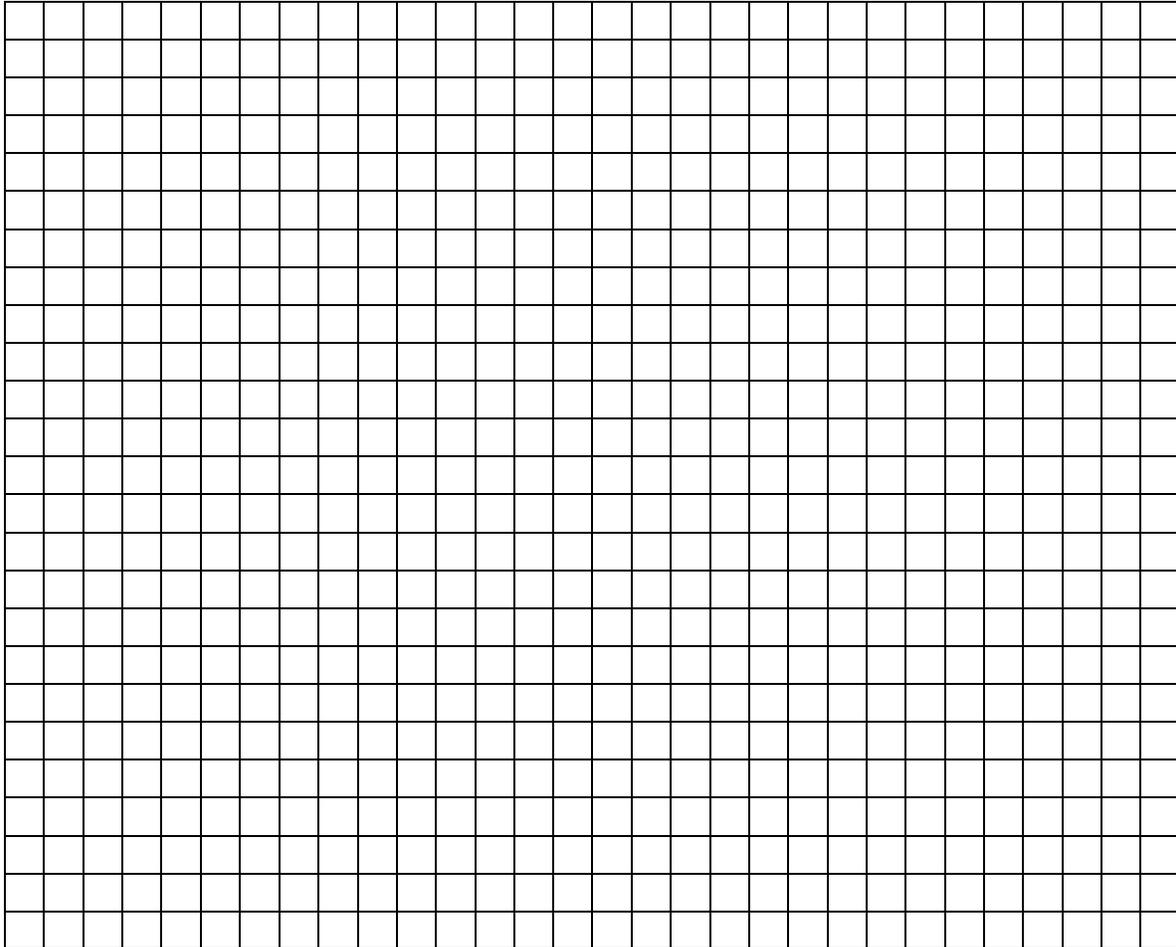
APPLICANT'S SIGNATURE

DATE

-OVER-

Draw in the location and identify all equipment including hand washing facilities, dish wash facilities, ranges, refrigerators, worktables, food/single service storages, etc. (a certificate from the Fire Department is required for all open flames.)

Describe floor, wall and ceiling surfaces: _____



BOARD OF HEALTH COMMENTS:

PERMIT NUMBER:

APPROVED BY:

DATE

Copy to Applicant _____ In Person _____ Mailed

***100 Peck Street
Seekonk, MA 02771***